

Animal Health Trust studies on the genetics of cancer susceptibility: sample submission and owner consent form

Please return a completed form with every sample submitted to the Animal Health Trust.

1 Owner details

Owner's name Telephone number

Address

2 Dog details

Dog's name Age Date of birth (if known)

Sire's name (if known) Dam's name (if known)

Sex M F Breed

Are you able to provide a 5 generation pedigree*? Yes/No

**If you are not able to provide a pedigree at this time, if possible please subsequently send a pedigree to Dr. Mike Starkey at the Animal Health Trust (at the address given at the bottom of this form)*

Breeder's name Telephone number

Address

Does your dog have cancer, or has your dog previously had cancer? Yes now/Yes previously/No

Are you aware if relatives of your dog have been diagnosed with cancer? Yes/No

If yes, please give brief details

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If your dog does not have cancer, or has not previously had cancer, proceed to section 4

3 Clinical details

Type of cancer diagnosed

Date when was cancer first suspected/diagnosed

Site of primary tumour (if known)

Is there evidence that the tumour has/had spread elsewhere (if known)

Histological grade of tumour (if known)

If your dog currently has cancer, clinical stage of cancer at present (if known)

Has your dog received chemotherapy or radiotherapy? Yes/No

If yes, please give brief details

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Would you consent to us contacting your veterinary surgeon to confirm the clinical details? Yes/No

If yes, please provide complete the following:

Name of clinician Name of practice

Practice address

Practice telephone number.....

Sample submitted

Blood sample Cheek swab

Follow up

- Would you be willing to inform us if your dog develops cancer in the future? Yes/No
- Would you object to us contacting you in the future to enquire about the health of your dog? Yes/No
- If your dog develops cancer in the future, would you consent to us contacting your veterinary surgeon to confirm the clinical details? Yes/No

If yes, please provide complete the following:

Name of clinician Name of practice

Practice address

Practice telephone number

Sample submission

Please send samples to Dr. Mike Starkey, Centre for Preventive Medicine, Animal Health Trust, Lanwades Park, Kentford, Newmarket, Suffolk, CB8 7UU, UK.

Blood samples sent from countries that do not belong to the European Union should be sent in a package labelled "Animal Pathogen - importation authorised by licence number AHZ/2026A/2004/2 issued under the Importation of Animal Pathogens Order 1980".

Unfortunately, we are unable to reimburse you for the cost of sending samples, but we greatly appreciate your invaluable assistance with our proposed important research studies.

I hereby declare that the sample submitted for research is from the dog named above. I accept that the sample becomes the property of the Animal Health Trust and may be used in future research programmes.

Signature

Date.....



Animal **Health** Trust
Oncology Research Group